



# Virginia Integrated Services Solution

## Service Center Provider EDI Admin User Guide

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## 1 Overview

This document contains functionality of Provider EDI Admin user on EDI Service Center Authorization form. It captures different scenarios and step by step details that user can take to provide authorization to Service Centers and terminate existing Service Centers.

## 2 EDI provider Authorization Functionality

This section provides use cases and functionality of a provider in EDI admin role to use Service Center (Transactions) Authorization form.

### 2.1 Authorize a trading partner for 835/277U transactions

1. Access and open EDI Service Center (Transactions) Authorization form.

The screenshot shows the top of the 'Service Center (Transactions) Authorization Form'. The header includes the 'mES Medicaid Enterprise Solution Portal' logo and a user name 'Sittestuser'. The main heading is 'Service Center (Transactions) Authorization Form'. Below this is 'Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U'. A checkbox is present with the text: 'I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.' Below the checkbox is a 'Service Center Number' dropdown menu with 'Select' as the current option.

Figure 1: SCENARIO 1 – Provider EDI Authorization page

2. Select a Service Center from the prepopulated dropdown list in Section 1 and check the checkbox of Section 1 to continue.

This screenshot shows the same form as Figure 1, but with the 'Service Center Number' dropdown menu open. The dropdown list contains three options: '4005-Blue Shield', '4005-Test1', and '4006-Test1'. The '4005-Blue Shield' option is highlighted. The checkbox in Section 1 is now checked. The text below the dropdown menu reads: 'Billing Agent or Clearinghouse to submit my Professional and/or Institutional Claims (837P/837I) and submit and and Response (276/277) and that the Service Center selected below is enrolled and approved as a Service Center with DMAS to submit 837P's and/or 837I's and to submit and receive 276/277's.'

Figure 2: SCENARIO 1 – Section 1 of Authorization Form

3. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least one NPI and click on Submit button to continue as appropriate.

## Section 4. Provider and NPI Details

Provider/Delegate Name

Date

Primary Phone Number

NPI Number\*

Email

**Acknowledgement**

I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

Figure 3: SCENARIO 1 – Section 4 NPI Details

- Valid Details will be stored successfully in the database and user will get a confirmation message as shown.



Form has been submitted successfully

## Service Center (Transactions) Authorization Form

### Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 4: SCENARIO 1 – Successful Confirmation Message

## 2.2 Authorize a trading partner for 837(P/I) and 276/277 transactions

1. Access and open Provider EDI Service Center (Transactions) Authorization form using valid credentials

MECS Medicaid Enterprise Solution Portal Sittestuser

### Service Center (Transactions) Authorization Form

**Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U**

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Service Center Number  
Select

**Section 2. Professional and Institutional Claims - 837(P/I) and Claim Status Request and Response - 276/277**

I certify that I have authorized a Billing Agent or Clearinghouse to submit my Professional and/or Institutional Claims (837P/837I) and submit and receive my Claim Status Request and Response (276/277) and that the Service Center selected below is enrolled and approved as a Service Center with DMAS to submit 837P's and/or 837I's and to submit and receive 276/277's.

Service Center Number  
Select

4000-Anil-Enrollment  
 4001-Anil-Enrollment  
Se 4002-Anil-Enrollment  
4003-ABC Testing Enterprise  
Ef 1263-EDI Test

Figure 5: SCENARIO 2 – Provider EDI Authorization page

2. Select a Service Center from the prepopulated dropdown list in Section 2 and check the checkbox of Section 2 to continue.

**Section 2. Professional and Institutional Claims - 837(P/I) and Claim Status Request and Response - 276/277**

I certify that I have authorized a Billing Agent or Clearinghouse to submit my Professional and/or Institutional Claims (837P/837I) and submit and receive my Claim Status Request and Response (276/277) and that the Service Center selected below is enrolled and approved as a Service Center with DMAS to submit 837P's and/or 837I's and to submit and receive 276/277's.

Service Center Number  
Select

4000-Anil-Enrollment  
 4001-Anil-Enrollment  
Se 4002-Anil-Enrollment  
4003-ABC Testing Enterprise  
Ef 1263-EDI Test

Figure 6: SCENARIO 2 – Section 2 of Authorization Form

3. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least one NPI and click on Submit button to continue.

## Section 4. Provider and NPI Details

Provider/Delegate Name

Date

Primary Phone Number

NPI Number\*

Email

**Acknowledgement**

I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

Figure 7: SCENARIO 2 – Section 4 NPI Details

4. Details will be stored successfully in the database and user will get a confirmation message as shown.



Form has been submitted successfully

## Service Center (Transactions) Authorization Form

### Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 8: SCENARIO 2 – Successful Confirmation Message

## 2.3 Terminate authorization of a trading partner for 835/277U transactions

1. Select a Service Center from the dropdown in section 3A, check 835/277U checkbox and user should select effective date for this change. Effective date field will only accept value greater than or equal to today's date.

**Section 3. Termination of Service Center**

Sub-Section 3A

835/277U

Service Center Number

4003-ABC Testing Enterprise

Effective Date

10/16/2021

Oct 2021

Su	Mo	Tu	We	Th	Fr	Sa
						1 2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

er and NPI Details

Figure 9: SCENARIO 3 – Terminate 835/277U

2. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least one NPI and click on Submit button to continue.

## Section 4. Provider and NPI Details

Provider/Delegate Name

Date

Primary Phone Number

NPI Number\*

Email

**Acknowledgement**

I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

Figure 10: SCENARIO 3 – Provider and NPI Details

3. Details will be stored successfully in the database and user will get a confirmation message as shown.



Form has been submitted successfully

## Service Center (Transactions) Authorization Form

### Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 11: SCENARIO 3 – Successful Confirmation Message

## 2.4 Terminate authorization of a trading partner for 837(P/I) and 276/277 transactions

1. Select Service Center from the dropdown in section 3B, check 837(P/I) and 276/277 checkbox and user should select effective date for this change. Effective date field will only accept value greater than or equal to today's date.

**Section 3. Termination of Service Center**

**Sub-Section 3A**

835/277U

Service Center Number

Select

Effective Date

**Sub-Section 3B**

837(P/I) and 276/277

Service Center Number

4003-ABC Testing Enterprise

Effective Date

10/16/2021

er and NPI Details

Figure 12: SCENARIO 4 – Terminate 837(P/I) and 276/277

2. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least one NPI and click on Submit button to continue.

## Section 4. Provider and NPI Details

Provider/Delegate Name

Date

Primary Phone Number

NPI Number\*

Email

**Acknowledgement**

I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

Figure 13: SCENARIO 4 – Provider and NPI Details

- Details will be stored successfully in the database and user will get a confirmation message as shown.



Form has been submitted successfully

## Service Center (Transactions) Authorization Form

### Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 14: SCENARIO 4 – Successful Confirmation Message

## 2.5 Perform authorization and termination for different NPIs at the same with multiple NPIs

1. Select one of the Service Centers from the dropdown in section 1 and 2. Also acknowledge the terms for both these sections.

### Service Center (Transactions) Authorization Form

#### Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Service Center Number  
4005-Blue Shield

#### Section 2. Professional and Institutional Claims - 837(P/I) and Claim Status Request and Response - 276/277

I certify that I have authorized a Billing Agent or Clearinghouse to submit my Professional and/or Institutional Claims (837P/837I) and submit and receive my Claim Status Request and Response (276/277) and that the Service Center selected below is enrolled and approved as a Service Center with DMAS to submit 837P's and/or 837I's and to submit and receive 276/277's.

Service Center Number  
4004-EDI enrollment

Figure 15: SCENARIO 5 – Authorization of Section 1 and 2

2. Select option for Section 3A and 3B. Service Center in section 3A should be different and similarly Section 3B Service Center should be different than section 2.

### Section 3. Termination of Service Center

#### Sub-Section 3A

835/277U

Service Center Number  
4006-Test1

Effective Date  
10/13/2021

Reset Date

#### Sub-Section 3B

837(P/I) and 276/277

Service Center Number  
4006-Test1

Effective Date  
10/14/2021

Reset Date

Figure 16: SCENARIO 5 – Termination of Section 3A and 3B

3. Section 4 values should be prepopulated based on the details of logged in provider admin. NPI dropdown should be populated with associated NPIs with the user. User to select at least two NPI and click on Submit button to continue.

### Section 4. Provider and NPI Details

Provider/Delegate Name  
Sittestuser

Date  
2021-10-13

Primary Phone Number  
8883334444

NPI Number  
15209906, 12345890

Email  
sittestuser@test.com

**Acknowledgement**

I acknowledge that this authorization will allow a service center to access the EDI Managed File Transfer system and therein receive and transmit data on my behalf. This data includes files which contain privileged client information and sensitive information from other State and Federal government agencies, including CMS and SSA. By submitting this form you acknowledge that all information on the form is correct and will be used in accordance with the DMAS privacy policy.

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 17: SCENARIO 5 – Provider and NPI Details

4. Details will be stored successfully in the database and user will get a confirmation message as shown.



Form has been submitted successfully

## Service Center (Transactions) Authorization Form

### Section 1. Electronic Remittance Request - 835 / Unsolicited Claims Status Response - 277U

I certify that I have authorized a Billing Agent or Clearinghouse to receive my Electronic Remittance Advice (835) / Unsolicited Claims Status Response (277U) and that Service Center selected below is enrolled and approved as a Service Center with DMAS to receive 835's and 277U's.

Figure 18: SCENARIO 5 –Successful Confirmation Message

### 3 Appendix: Acronyms List

The following acronyms are used in project documents:

Acronym/Term	Definition
API	Application Programming Interface
CAQH CORE	Council for Affordable Quality Healthcare Committee on Operating Rules
CMS	Center for Medicare & Medicaid Services
COTS	Commercial Off-the-Shelf (products)
DCI	Data Center Interconnects
DMAS	Department of Medical Assistance Services
DSD	Detailed System Design
DTD	Document Type Definition
DMZ	De-Militarized Zone
EDI	Electronic Data Interchange
EPS	Encounter Processing Solution
ESB	Enterprise Service Bus
Ethernet/IP	Ethernet Industrial Protocol
HIPAA	Health Insurance Portability & Accountability Act
HTTP/S	Hypertext Transfer Protocol (Secure)
ICAM	Identity, Credential, and Access Management
IDG	IBM DataPower® Gateway
iPDU	Identity Provider
IIB	IBM® Integration Bus
IPSec	Internet Protocol Security
ISAM	IBM® Security Access Manager
ISIM	IBM® Security Identity Manager
ISS	Integrated Services Solution
IT	Information Technology
LDAP	Lightweight Directory Access Protocol
MES	Medicaid Enterprise System
MFT	Managed File Transfer
MIP	Module Integration Planning
MIME	Multipurpose Internet Mail Extensions
MITA	Medicaid Information Technology Architecture
MLM	Medicaid Lifecycle Management
MQ	IBM Message Queueing
NLS	National Language Support
ODS	Operational Data Store
OLAP	Online Analytical Processing
OLTP	Online Transactional Processing
OPSS	Operations Services Solution
PBMS	Pharmacy Benefit Management Solution
PKI	Public Key Infrastructure

Acronym/Term	Definition
POP	Point-of-Presence
PRSS	Provider Services Solution
QM	Queue Manager
RTM	Requirements Traceability Matrix
PUBSUB	Publish Subscribe
SAML	Security Assertion Mark-up Language
SFTP	Secure File Transfer Protocol
SI	Systems Integrator
SLM	Service Level Monitoring
SMTP	Simple Mail Transfer Protocol
SOAP	Simple Object Access Protocol
SP	Service Provider
SNIP	Strategic National Implementation Process
SSL	Secure Sockets Layer
ULM	User Life Cycle Management
VAMES	Virginia Medicaid Enterprise System
VPN	Virtual Private Network
WSDL	Web Service Definition Language
WSRR	WebSphere® Service Registry and Repository
XML	Extensible Markup Language
XSD	XML Schema Definition
XSLT	Extensible Stylesheet Language Transformations

Table 1: Acronyms List